

Pharmaceutical compositions for treating hyperhomocysteinaemia caused by drugs

Patent Number WO 2001056609 A1 9 August, 2001

PCT Int. Appl., 19 pp.

Abstract

The invention relates to a pharmaceutical composition for producing H2-receptor blockers (cimetidine), non-steroidal analgesics (ibuprofen, indometacin), antidepressants (lithium), anti-epileptic agents (phenytoin, carbamazepin), immunosuppressants (cyclosporin, methotrexate), methylxanthine (theophyllin), biguanides (metformin) and lipid reducers (fibrates, anion exchangers, nicotinic acid and nicotinic acid analogs) or drugs for treating hypertension, containing a combination of a pharmaceutical active agent which causes hyperhomocysteinaemia and at least one of the following active agents: cobalamine (cyano-, hydroxo-, methyl-), folic acid (pteroylglutamic acid, methyltetrahydrofolate, folinic acid), vitamin B6 (pyridoxine chloride), betaine or N-acetylcysteine. According to a novel observation, hyperhomocysteinaemia (a high level of the amino acid homocysteine in the blood plasma) is caused by the intake of drugs for lowering blood pressure (diuretics, calcium antagonists, ACE inhibitors or angiotensin-II receptor antagonists), non-steroidal analgesics, antidepressants (lithium), immunosuppressants, methylxanthine (theophyllin), biguanides (metformin) or lipid reducers (fibrates, anion exchangers, nicotinic acid and nicotinic acid analogs). Thus a dragee contained: hydrochlorothiazide 25 mg; cyanocobalamine 1000 µg; pteroylglutamic acid 100 µg; pyridoxine chloride 2 mg; and excipients.

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Oral combinations of hydroxocobalamin and folic acid

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PCT Int. Appl., 15 pp.

Abstract

A variety of conditions is known wherein vitamin B12 is deficient, or wherein the administration of vitamin B12 is beneficial. Classically, once detected and if appropriate, these have been treated by the parenteral administration of vitamin B12 as oral administration is believed to be ineffective. Available oral preps. of vitamin B12 all contain cyanocobalamin which is less desirable than hydroxocobalamin. In accordance with the invention, effective oral formulations are provided which include, in addition to the hydroxocobalamin, folic acid or other folate precursor. The formulation for oral administration should be such as to provide, for a given daily dose, 0.5 to 50 mg hydroxocobalamin and 0.5 to 50 mg folic acid.

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